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CONFIRMATION NO. 8989

|   |   |                               |   |  |                                |
|---|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/529,034  | <b>FILING OR 371(c) DATE</b><br>03/23/2005<br><b>RULE</b>   | <b>CLASS</b><br>083           | <b>GROUP ART UNIT</b><br>3724   | <b>ATTORNEY DOCKET NO.</b><br>9812-003 |                                |
| <b>APPLICANTS</b><br>Brian D Wichner, Otter Rock, OR; <i>OK ga</i>  |   |                               |   |  |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US03/29728 09/22/2003 which claims benefit of 60/412,695 09/23/2002 <i>OK ga</i>  |   |                               |   |  |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>NONE ga</i> <b>** SMALL ENTITY **</b>  |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>Chassem Alie ga</i><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>OR | <b>SHEETS DRAWING</b><br>8  | <b>TOTAL CLAIMS</b><br>19              | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>20575   |   |                               |   |  |                                |
| <b>TITLE</b><br>Arm mounted safety cutting tool   |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>250   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |